

DEPARTMENT OF HEALTH SERVICES

714 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-1460



August 6, 1999

TO: All Local Governmental Agency
Medi-Cal Administrative Activities (MAA)
Targeted Case Management (TCM) Coordinators

PPL NO. 99-004
(LGAs ONLY)

SUBJECT ANNUAL SURVEY ON TCM PARTICIPATION

Local Governmental Agencies (LGAs) who elect to participate in one or more of the five approved TCM programs are required to be identified in the California State Plan. The five TCM programs are:

- Public Health
- Outpatient Clinics
- Public Guardian
- Linkages
- Adult Probation

To ensure that the California State Plan accurately identifies the LGAs participating in the various TCM programs, we ask that all TCM coordinators complete the enclosed survey form and identify the TCM programs your LGA will be participating in during fiscal year (FY) 1999-2000.

Please return to the Department of Health Services at the following address by August 16, 1999:

Department of Health Services
Administrative Claiming Unit
714 P Street, Room 1640
Sacramento, CA 95814
Attn: Antoinette Reed

LGAs who do not return the enclosed survey by August 16, 1999, shall be ineligible to claim TCM reimbursement during FY 1999-2000.

All Local Governmental Agency
Page 2

We appreciate your cooperation and continued participation in the TCM program. If you have any question's please contact Mr. Charles LaRosa, Chief of the Administrative Claiming Unit at (916) 657-0146.

Sincerely,

A handwritten signature in cursive script that reads "Patricia L. Morrison". The signature is written in black ink and is positioned above the typed name and title.

David Mitchell, Chief
Medi-Cal Benefits Branch

Enclosure

cc: See next page.

MB99-123.jbw
AR:jbw
7/23/99

SURVEY OF LOCAL GOVERNMENTAL AGENCIES (LGAs) PARTICIPATING IN TARGETED CASE MANAGEMENT (TCM)

The purpose of this survey is to identify the LGAs who will be participating in a TCM program during Fiscal Year (FY) 1999-2000, and required to be listed in amendments to the California State Plan. Defined below are the five TCM programs in the State Plan Amendment (SPA) approved by the federal Health Care Financial Administration. Please indicate on this survey form whether your LGA will or will not be participating in each TCM program during FY 1999-2000. This survey form should be completed by the TCM coordinator and mailed to the Department of Health Services by **August 16, 1999**. LGAs who do not return the enclosed survey form by **August 16, 1999**, shall be ineligible to claim TCM reimbursement during FY 1999-2000.

Department of Health Services
Administrative Claiming Unit
714 P Street, Room 1640
Sacramento, CA 95814
Attn: Antoinette Reed

Target Group	Medi-Cal eligible high-risk persons identified as having a need for public health case management services including the following individuals: <ul style="list-style-type: none"> • Women, infants, children, and young adults to age 21 • Persons with HIV/AIDS • Persons with reportable communicable diseases • Pregnant women • Persons who are technology dependent • Persons who are medically fragile • Persons with multiple diagnoses 	Agency will participate _____ Agency will not participate _____
Public Health		
Target Group	Medi-Cal eligible persons who are in need of outpatient clinic medical services and who need case management services in connections with their treatment because they are unable to access or appropriately utilize services themselves, including the following individual: <ul style="list-style-type: none"> • Persons who have demonstrated non-compliance with their medical regimen • Persons who are unable to understand medical directions because of language or other comprehension barriers • Persons with no community support system to assist in follow-up care at home • Persons who require services from multiple health/social services providers in order to maximize health outcomes 	Agency will participate _____ Agency will not participate _____
Outpatient Clinics		
Target Group		Agency will participate _____ Agency will not participate _____
Public Guardian		
Target Group		Agency will participate _____ Agency will not participate _____
Linkages		
Target Group		Agency will participate _____ Agency will not participate _____
Adult Probation		

Signature (of the TCM Coordinator)

LGA (County or City)

Print Name (of the TCM Coordinator)

Date